

219135 2006-38C

September 14, 2009

Public Service Commission of South Carolina P.O. Drawer 11649 Columbia, South Carolina 29211

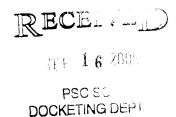
RE: 2006-38-C- Utility Representative

Dear Sirs,

The previous document was sent with the wrong company name, Telquest Communications. Please see the document included with the correct company name, TQC Communications Corp. Thank you.

Sincerely,

Buddy Pack President



AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS TYPE: [X] IXC [] CLEC [] ILEC [] Wireless

	CERTIFICATED COMP	ANY INFORMATION		
TQC (Communications Corp.			
	any Name			
	Communications Corp.	239-513-1811		
Dba/fk		Telephone #		
3000 I	Immokalee Rd. Suite #1			
Mailin	g Address			
	s, FL 34110			
	State, Zip Code			
Same	·			
Busine	ess Location			
		Collier		
City, S	State, Zip Code	County		
	REGISTERED AGEN	NT INFORMATION		
Dogio	torad Agant: Buddy Dook			
Registered Agent: Buddy Pack Mailing Address: Same as above				
Mailin	g AddressSame as above			
City	State Zin Code			
	State, Zip Code	rint or tune company contact for the following a		
suant	to the Commission's rules and regulations, p	rint or type company contact for the following a		
	Puddy Pook			
٨	Buddy Pack General Manager (Include Address if different	than ahove)		
A.	239-513-1811 / 239-513-1808			
	Telephone Number / Facsimile Number	/ E-mail Address		
	relephone Number / Facsimile Number	/ E-mail Address		
	Budd y Pack			
B.	Customer Polations/Complaints Represent	ative (Include Address if different than above)		
D.	Same /	/ (morado / tadroso il amorati il alla della)		
	Telephone Number / Facsimile Number	/ E-mail Address		
	relephone Number / radolinile Number	/ E mail / laaroos		
	Buddy Pack			
C1.	Customer Relations/Complaints Represent	ative for Escalated Complaints (Include Address		
01.	different than above)	(
	Same /	1		
	Telephone Number / Facsimile Number	/ E-mail Address		
	1-800-643-4616	, <u> </u>		
C2.	Customer Contact (Toll Free Number)			
	oustomer contact (roll free Hamber)			
02.				
	Engineering Operations (Include Address if	different than above)		
D.	Engineering Operations (Include Address if	f different than above)		
	Engineering Operations (Include Address if / Telephone Number / Facsimile Number	f different than above) / / E-mail Address		

	de Address if different t /	/	
Telephone Number	Facsimile Number	/ E-mail Address	
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Telephone Number	/ Facsimile Number	/ E-mail Address	
tion places provide the	following company	ontact information	to assist in proper routing of
		ontact information	to assist in proper routing or
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-	Jude Address if differe	/ (mail above)	
	Facsimile Number	/ E-mail Address	
Dual Party Mailings (N	ame)		**************************************
(Mailing Address)		1	
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	d Mailings (Name)		
(Mailing Address)		1	
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Gross Receipts Mailings (Name)			
(Mailing Address)		1	
Telephone Number /	Facsimile Number	/ E-mail Address	<u> </u>
Buddy Pack		1/	with race
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	· · · · · · · · · · · · · · · · · · ·	Date	
	Docketing Dep Post Office Draw	artment ver 11649	
	<u>An</u>	<u>d</u>	
	Attn: Jeanne (Gordon	
	Emergencies (During Noted 1-800-643-4616) Telephone Number tion, please provide the pondence and invoices: Buddy Pack Regulatory Officer (Inc. Same Telephone Number Dual Party Mailings (Noted Mailing Address) Telephone Number Interim LEC Fund Mail (Mailing Address) Telephone Number Universal Service Fund Same (Mailing Address) Telephone Number (Mailing Address) Telephone Number Gross Receipts Mailing (Mailing Address) Telephone Number Buddy Pack This form was completed President Title	Emergencies (During Non-Office Hours) 1-800-643-4616 / Telephone Number / Facsimile Number tion, please provide the following company opendence and invoices: Buddy Pack Regulatory Officer (Include Address if difference Same / Telephone Number / Facsimile Number Dual Party Mailings (Name) (Mailing Address) / Telephone Number / Facsimile Number Interim LEC Fund Mailings (Name) (Mailing Address) / Telephone Number / Facsimile Number Universal Service Fund Mailings (Name) Same (Mailing Address) / Telephone Number / Facsimile Number Gross Receipts Mailings (Name) (Mailing Address) / Telephone Number / Facsimile Number Gross Receipts Mailings (Name) (Mailing Address) / Telephone Number / Facsimile Number Buddy Pack This form was completed by President Title N COMPLETED FORM TO: Public Service Concetting Deprost Office Draw Columbia, Soutt Among Office of Regula Attn: Jeanne Coffice o	Emergencies (During Non-Office Hours) 1-800-643-4616

Columbia, South Carolina 29201
(Rev. PSC/ORS 08)

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